169 EAST HURON STREET

BERLIN 54923 Phone: (920) 361-3092		Ownershi p:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	92	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	98	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	87	Average Daily Census:	79

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/01)	Length of Stay (12/31/01)	%		
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	50. 6 32. 2		
Supp. Home Care-Household Services		Developmental Disabilities	1. 1	Under 65	5. 7	More Than 4 Years	32. 2 17. 2		
Day Services	No	Mental Illness (0rg. /Psy)	27. 6	65 - 74	8.0				
Respite Care	No	Mental Illness (Other)	4.6	75 - 84	32. 2		100. 0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	42. 5	*********	******		
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1. 1	95 & 0ver	11. 5	Full-Time Equivaler			
Congregate Meals	No	Cancer	1. 1			Nursing Staff per 100 Re	si dents		
Home Delivered Meals	No	Fractures	1. 1		100.0	(12/31/01)			
Other Meals	No	Cardi ovascul ar	13. 8	65 & 0ver	94. 3				
Transportation	No	Cerebrovascul ar	10. 3	<sup>'</sup>		RNs	9. 2		
Referral Service	No	Di abetes	2. 3	Sex	%	LPNs	9. 1		
Other Services	No	Respi ratory	2. 3		Ì	Nursing Assistants,			
Provi de Day Programming for		Other Medical Conditions	34. 5	Male	25.3	Aides, & Orderlies	40. 6		
Mentally Ill	No			Femal e	74. 7				
Provi de Day Programming for			100. 0		j				
Developmentally Disabled	No				100.0				
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	8	100.0	300	42	82. 4	96	3	100.0	133	25	100. 0	133	0	0.0	0	0	0.0	0	78	89. 7
Intermediate				9	17. 6	80	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	9	10.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		51	100.0		3	100. 0		25	100.0		0	0.0		0	0.0		87	100. 0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ions, Services, a	and Activities as of 12/	/31/01
Deaths During Reporting Period	[	<u> </u>					
8 1 8		l <sup>'</sup>		9	% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	10. 5	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	5.6	Bathi ng	0.0		92. 0	8. 0	87
Other Nursing Homes	9. 9	Dressi ng	12. 6		81. 6	5. 7	87
Acute Care Hospitals	70. 4	Transferring	18. 4		71. 3	10. 3	87
Psych. HospMR/DD Facilities	0.6	Toilet Use	13. 8		78. 2	8. 0	87
Rehabilitation Hospitals	0.0	<b>Eating</b>	<b>54.</b> 0		39. 1	6. 9	87
Other Locations	3. 1	********************	******	*****	******	********	******
Total Number of Admissions	162	Continence		%	Special Treatme	ents	%
Percent Discharges To:		Indwelling Or External		11. 5	Receiving Res	spi ratory Care	10. 3
Private Home/No Home Health	33. 6	0cc/Freq. Incontinent		<b>55. 2</b>		acheostomy Care	1. 1
Private Home/With Home Health	16. 8	0cc/Freq. Incontinent	of Bowel	20. 7	Recei vi ng Suc	cti oni ng	2. 3
Other Nursing Homes	2. 1				Receiving Ost		3. 4
Acute Care Hospitals	5. 6	Mobility			Recei vi ng Tul		2. 3
Psych. HospMR/DD Facilities	3. 5	Physically Restrained		2. 3	Receiving Med	chanically Altered Diets	47. 1
Rehabilitation Hospitals	0. 0						
Other Locations	7. 0	Skin Care			Other Resident	Characteri sti cs	
Deaths	31. 5	With Pressure Sores		12. 6	Have Advance	Directives	77. 0
Total Number of Discharges		With Rashes		2.3	Medi cati ons		
(Including Deaths)	143				Receiving Psy	ychoactive Drugs	<b>56</b> . 3

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	This Other Hospital-			Al l	
	Facility	Based Facilities		Faci	ilties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	80. 2	88. 1	0. 91	84. 6	0. 95
Current Residents from In-County	57. 5	83. 9	0. 69	77. 0	0. 75
Admissions from In-County, Still Residing	14. 8	14. 8	1. 00	20. 8	0.71
Admissions/Average Daily Census	205. 1	202. 6	1. 01	128. 9	1. 59
Discharges/Average Daily Census	181. 0	203. 2	0. 89	130. 0	1. 39
Discharges To Private Residence/Average Daily Census	91. 1	106. 2	0. 86	52. 8	1. 73
Residents Receiving Skilled Care	89. 7	92. 9	0. 96	85. 3	1.05
Residents Aged 65 and Older	94. 3	91. 2	1. 03	87. 5	1.08
Title 19 (Medicaid) Funded Residents	58. 6	66. 3	0. 88	68. 7	0.85
Private Pay Funded Residents	28. 7	22. 9	1. 25	22. 0	1. 31
Developmentally Disabled Residents	1. 1	1. 6	0. 73	7. 6	0. 15
Mentally Ill Residents	32. 2	31. 3	1. 03	33. 8	0. 95
General Medical Service Residents	34. 5	20. 4	1. 69	19. 4	1. 78
Impaired ADL (Mean)*	44. 1	49. 9	0. 88	49. 3	0. 90
Psychological Problems	<b>56.</b> 3	53. 6	1. 05	51. 9	1.09
Nursing Care Required (Mean)*	10. 2	7. 9	1. 29	7. 3	1. 39